Name in Full

Certificate of Death

Samuel Bayless

Died at Town: Forest Hill County: Harford MARYLAND

Date 1904 Month: 4 Day: 8 | Age Y. 93 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband / Wife of Elizabeth Bayless

Father's Name

Mother's Name

179

Cause of Death: Primary

Immediate

How long sick 1 week

Accident, Suicide, Homicide

Reported by J. H. Bayless. interment Wesleyan Cemetery

Address Aberdeen A R Fletcher

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Frank Beattie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardiff County: Harford.

Date of death 1904: Month: 4 Day: 10 Age: Years: 4 Months: 7 Days:

Sex: Male. Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Frank Beattie Father's Birthplace: Md

Mother's Maiden Name: Mary Beattie Mother's Birthplace: Pa.

Name of person giving Imformation: Father How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup How long: 2 days

Immediate: Pneumonia How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W Kirkbride

Address: Delta

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8613

Name in Full

Certificate of Death

Ellen Berry Col

Died at Town: Dry Branch / County: Harford / State of MARYLAND

Date 1904 Month: April Day: 26th | Age Y. 78 M. D. | Native of Harford | Occupation Domestic Colored

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living none

Husband ~~of~~
Wife

Father's Name Elisha Berry | Mother's Maiden Name Casander

Cause of Death: Primary — 93 | How long sick four days

Immediate Pneumonia

Accident, ~~Suicide~~, ~~Homicide~~

Reported by William H Robinson a neighbor

Address Bradenbaugh

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name in Full — Certificate of Death

Alex Bryan.

Died at Edgewood (Town) Harford (County) MARYLAND

Date 1904 Month after 15 Day — Age Y. 70 M. — D. — Native of Maryland Occupation Laborer

Male — ~~White~~ — ~~Married~~ — ~~Widowed~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — Widower — Number of children living 2

Husband of Wife Jennie Bradley.

Father's Name Henry Bryan Mother's Name Mary Bryan

Cause of Death — Primary Apoplexy

Immediate

How long sick 4 days

Accident, Suicide, Homicide

Reported by Chas Pitt

Address Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Ernest Day

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Darlington; County: Harford

Date of death 1904: Month: April; Day: 16; Age: Years: 13 —; Months; Days

Sex: Male; Color or Race: White; Birthplace: Harford Co Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: Marion Day; Mother's Birthplace: Harford Co

Name of person giving Information: 120; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights disease; How long: Chronic

Immediate: Convulsion; How long: one, Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ephr. Hopkins M.D

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Elizabeth Matilda Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Darlington — County: Harford

Date of death 1904 — Month: April — Day: 10

Age — Years: 55 — Months: 7 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Housewoman

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isaac Dorsey — Father's Birthplace: Maryland

Mother's Maiden Name: Emmitt Dorsey — Mother's Birthplace: Do not Know

Name of person giving information: Sara Peace — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 weeks

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Hinkle

Address: Darlington Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Benj. Franklin Duff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pleasant; County: Harford

Date of death 1904: Month: 4; Day: 5; Age: Years: 19; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: J Henry Duff; Father's Birthplace: —

Mother's Maiden Name: Phoeba Flehart; Mother's Birthplace: Md

Name of person giving Information: Walter Duff; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: 4 weeks

Immediate: Intestinal Hem.; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L L Hopkins

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A99518

Name in Full: Margaret T. Dugan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904 — Month: 4 — Day: 6 — Age — Years: 49 — Months: – — Days: –

Sex: Female — Color or Race: White — Birthplace: Havre de Grace

Married, Single or Widowed: Widow — Occupation: —

Name of Husband: C. J. Dugan

Father's Name: Michal Boyd — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Mrs Maggie Boyd — How related to deceased: Sister in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 10

Immediate: Pleuro-pneumonia — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R N Smith

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Eliza J. Grove

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whitford; County: Harford

Date of death: 1904; Month: 4; Day: 13; Age: Years: 57; Months: 10; Days:

Sex: Female; Color or Race: White; Birthplace: Penn

Occupation: Housekeeper; Where Residing if not at place of death: Md

Married, Single or Widowed; Name of Wife or Husband: Henry Grove.

Father's Name: Jessie Thompson; Father's Birthplace: Pa

Mother's Maiden Name: ; Mother's Birthplace: "

Name of person giving Imformation: Henry Grove. 93; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: one weeks

Immediate: ; How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: G. F. Kalb M.D.

Address: Cardiff Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John D. Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cresswell — County: Harford

Date of death 1904 — Month: Apr — Day: 27 — Age — Years: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Rose F. Clark

Father's Name: Wm Hawking — Father's Birthplace: Md.

Mother's Maiden Name: Mary A. Carroll — Mother's Birthplace: "

Name of person giving Information: Katie W. Hawkins — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Liver 40 — How long: 6 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Hall Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Isaac R. Irwin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Dublin; County: Harford

Date of death 190 4: Month: April; Day: 17; Age: Years: 34; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Harford Co Md

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Nettie

Father's Name: Isaac; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: H. S. Daughtery; How related to deceased: Brother in Law

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: Nine days

Immediate: " ; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. Lapsington

Address: Darlington Md.

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Belair — County: Harford

Date of death: 1904 — Month: Apr — Day: 5th — Age: Years: 40 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Belair, Md.

Occupation: — — — — Where Residing if not at place of death: — — —

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Frank Johnny — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Mary Smith — Mother's Birthplace: Belair Md.

Name of person giving Information: Mary Johnson — How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles. — How long: Two weeks.

Immediate: Broncho Pneumonia — How long: One week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. E. Smith M. D.

Address: Belair Harf. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full Melvin Randolph Keithley — Certificate of Death

Town Easton — County Harford — MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Apr	14		3			

Date 19 04 — Age

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name Jno T Keithley — Mother's Maiden Name Viola Keithley

Cause of Death — Primary — Immediate: Pneumonia (93)

How long sick 2 days

Accident, Suicide, Homicide

Reported by Viola Keithley — Resg at Baltimore and A. R. Stuteche

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70208

Name in Full Randolph Lay

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1904 Month 4 Day 13 | Age Y. 47 M. D. | Native of Maryland | Occupation Lock Smith

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Christopher Lay | Mother's Maiden Name Fredericka Miller

Cause of Death — Primary: Grippe | How long sick 3 weeks

Immediate: Heart Complication | Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79088

Name in Full: Hartman Leithiser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death: 1904 — Month: April — Day: 18 — Age: Years 78 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Fisherman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Isaac D. Leithiser — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Isaac D Leithiser — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

Duplicate

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 2 or 3 yrs

Immediate: Dropsy — How long: Short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A6561G

Name In Full

Certificate of Death

Asa C Matthews

Town

County

Died at Cana Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1911 4th	21	Age	8		Harford	non

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living nba

~~Husband~~ of Wife

Father's Name Edward P Mathews Mother's Maiden Name Mary S ~~Mathews~~ White

Cause of Death: Primary — Bronchitis, Acute — How long sick

Immediate — Accident, Suicide, Homicide

Reported by John W. Porter M.D.

Address ~~Fore~~ Park Ga.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Joshua Matthews

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Glenville — County: Harford

Date of death 1904: Month: Apr — Day: 14 — Age: Years: 39 — Months: 10 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary E Coale

Father's Name: Saml Matthews — 66 — Father's Birthplace: Maryland

Mother's Maiden Name: ~~Phillips~~ Ruth Branson — Mother's Birthplace: Md

Name of person giving In formation: Mrs Elisha Thomas — How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 2 weeks

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Cole

Address: Darlington Md.

Accident or Sulcide?

LIBRARY BUREAU A8818

Name in Full: Sarah Maynes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ near Town: Bagley — County: Harford

Date of death 1904 — Month: April ~~28~~ — Day: 26 — Years: 69 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Single — Occupation: House Keeper

Name of Wife or Husband:

Father's Name: Patrick Maynes — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Miss Maggie Lynch — How related to deceased: 27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Several Years

Immediate: — How long: 5 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Undertaker: C. E. Homberger

Address: Benson Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Ann Miller

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Jarrettsville (County) Harford

Date of death: Month April 1904; Day 24th; Age: Years 71, Months 5, Days 12

Sex: Female

Color or Race: White

Birthplace: Baltimore Co Md

Occupation:

Where Residing if not at place of death: near Jarrettsville

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: John Miller

Father's Birthplace: Baltimore Co

Mother's Maiden Name: Hall

Mother's Birthplace: Baltimore City

Name of person giving In formation: Mrs E Nelson

How related to deceased: 79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: One year

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. J. Turner

Address: White Hall

Accident or Suicide?

LIBRARY BUREAU A69816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Murphy

Died at: Town: Darlington | County: Harford

Date of death 1904: Month: Apr | Day: 6 | Age: Years: 85 | Months: 3 | Days: —

Sex: Male | Color or Race: White | Birthplace: Ireland

Married, Single or Widowed: Married | Occupation: Farmer

Name of Wife or Husband: Mary Crow

Father's Name: James Murphy | Father's Birthplace: Ireland

Mother's Maiden Name: Do not know | Mother's Birthplace: Ireland

Name of person giving information: Henry Murphy | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age | How long: —

Immediate: old age | How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Kyle

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Geo D. Nelson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Richardsville — County: Harford

Date of death 1904: Month: 4 — Day: 23 — Age: Years: 73 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed — Occupation: Farmer

Name of Wife or Husband: Elizabeth Nelson

Father's Name: Garrett Nelson — Father's Birthplace: Maryland

Mother's Maiden Name: Hannah Dale — Mother's Birthplace: New York

Name of person giving information: Mrs Emma Gallup — How related to deceased: Daughter

10.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip — How long

Immediate: Heart failure — How long: 2 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Thier

Address: Perryman Md

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: Florence Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air — County: Harford.

Date of death 1904: Month: April — Day: 13 — Age: Years: 28 — Months — Days

Sex: F — Color or Race: Black. — Birthplace: Harford.

Married, Single or Widowed: Single — Occupation: Housework

Name of Wife or Husband

Father's Name: John Morris — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Acute Lobar. — How long: 10 days.

Immediate: Toxaemia — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Robert S Page

Address: Bel Air.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill — County: Harford

Date of death 1904: Month: Apr. — Day: 27 — Age: Years: 85 — Months: 10 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: white — Birthplace: Maryland

Married, ~~Single~~ or Widowed: widowed — Occupation: None

Name of Wife or Husband: David Morris

Father's Name: James Caulk — Father's Birthplace: Maryland

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

154

Name of person giving information: Joseph Schalk — How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson Md.

Accident or Suicide:

LIBRARY BUREAU A86516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Mary R. Pyle

Died at — Town: Pylesville — County: Harford

Date of death 1904 — Month: Apr. — Day: 17 — Age — Years: 86 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: None

Name of ~~Wife or~~ Husband: Jno. C. Pyle

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jno. Eichelberger — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

Primary: Senility — How long

Immediate: Pneumonia — How long: 3 Days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Warren Rumsey

Address: Delta Pa

~~Accident or Suicide?~~

LIBRARY BUREAU A66518

Name in Full: Albert Ridgley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Morton — County: Harford

Date of death 190 4: Month: April — Day: 23 — Years: Age 27 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: —

Father's Name: [illegible] — Father's Birthplace:

Mother's Maiden Name: [illegible] 93 — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two months

Immediate: Exhaustion — How long: Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr F N Archer

Address: Street Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full John Henry Simms (Col) Certificate of Death

Town Havre de Grace County Harford

Died at Havre de Grace MARYLAND

Date 19 1904 Month April Day 29 | Age Y. 61. M. D. | Native of md | Occupation Basket Maker

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living dont Know

Husband of
Wife

Father's Name dont Know " "

Mother's Maiden Name dont Know

Cause of Death: Primary Lung trouble 99 | How long sick 2 mo

Immediate Heart failure | Accident, Suicide, Homicide

Reported by ~~Dr~~ W Bottopkin M

Address ~~Havre de Grace~~ Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70208

Name in Full: Hetty C Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Darlington; County: Harford

Date of death 1904: Month: Apr; Day: 6; Age: Years: 34; Months: ; Days:

Sex: Female; Color or Race: Negro; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: House girl

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas J. Smith; Father's Birthplace: Maryland

Mother's Maiden Name: Mary J Lee; Mother's Birthplace: Maryland

Name of person giving information: Hetty Smith; How related to deceased: Brother

48

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism; How long: 8 months

Immediate: Heart Failure; How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Hunt MD

Address: Darlington Md

Accident or Suicide:

LIBRARY BUREAU A8S816

Name in Full: Hugh Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Darlington; County: Harford 6

Date of death 1904: Month: April; Day: 25

Age: Years: 69; Months: 11; Days: 27

Sex: Male; Color or Race: White; Birthplace: Darlington Md

Merried, ~~Single or Widowed~~: Married; Occupation: Farmer

Name of Wife or ~~Husband~~: Henrietta Scarborough

Fether's Name: ——; Fether's Birthplace: ——

Mother's Maiden Name: ——; Mother's Birthplece: ——

Name of person giving In formetion: O.W. Love; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Phthisis; How long: 3 mos

Immediete: Exhaustion-dispnoea; How long: ——

Are the name, age, sex, color, dete and place correctly given above? Yes

Signature of Physician: Ephm Hopkins

Address: Darlington Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Weber

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Magnolia — County: Harford

Date of death 1904 — Month: Apr. — Day: 21 — Age — Years: 71 — Months: 9 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Eliz. Weber

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Eliz. Weber 27 — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Opperman

Address: Abingdon

Accident or Suicide:

LIBRARY BUREAU A88618

Name in Full: Viola Whitington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forest Hill, Md. County: Harford

Date of death 1904: Month: Apr. Day: 30

Age: Years: 1 Months: 1 Days:

Sex: Female Color or Race: Colored Birthplace: Maryland

Married, Single or Widowed: Infant Occupation:

Name of Wife or Husband:

Father's Name: Alfred Whitington Father's Birthplace: Calvert Co.

Mother's Maiden Name: Ella Gaskey Mother's Birthplace: Calvert Co.

Name of person giving information: Ella Whitington How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson Md.

Accident or Suicide:

LIBRARY BUREAU A86516

~~Montana~~

Cl. ch of.

Name in Full: Olevia E. Whittaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill — County: Harford

Date of death: 1904 — Month: April — Day: 28 — Age: Years: 87 — Months: 1 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House Keeper — Where Residing if not at place of death: Forest Hill

Married, Single or Widowed: single

Father's Name: Howard Whittaker — Father's Birthplace: Md

Mother's Maiden Name: Hannah Ruff — Mother's Birthplace: Md

Name of person giving Imformation: Marion Whittaker — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 1/24 — How long:

Immediate: Old age — How long: 6 Months

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Geo W. Dare M.D

Address: Pleasantville Harford Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Amanda Wiggins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air; County: Harford

Date of death: Month: 6th; Day: 30; Years: Age 19; Months; Days

Sex: Female; Color or Race: Black; Birth-place: Maryland.

Occupation: House Maid; Where Residing if not at place of death:

~~Married~~ Single or Widowed; Name of Wife or Husband:

Father's Name: Josie Wiggins; Father's Birthplace: Maryland

Mother's Maiden Name: Millie Wolfe; Mother's Birthplace: Maryland.

Name of person giving Imformation: George Tucker; How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Milliary Tuberculosis; How long: ?

Immediate: Exhaustion; How long: ?

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Pinnell S. Babington M.D.

Address: Bel Air

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

C. C. of.

Mountain

Name In Full

Certificate of Death

Rebecca Reed Woodward

Town: Upper X Roads County: Harford MARYLAND

Died at

Date 1904 — Month: apr. Day: 25 | Age: Y. 87 M. 3 D. 12 | Native of: Md. | Occupation: housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Nelson Woodward

Father's Name: Elija M. Morse | Mother's Maiden Name: Elizabeth Bay

Cause of Death:

Primary: Carcinoma of Sigmoid flexure & colon.

How long sick: 5 months

Immediate: Intestinal obstruction

~~Accident, Suicide, Homicide~~

Reported by: Thos. H. Emory M.D.

Address: Hess, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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